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22852 7590 11/21/2007

FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER
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 901 NEW YORK AVENUE, NW
 WASHINGTON, DC 20001-4413

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/657,119	09/09/2003	Kazutaka Akiyama	09108.0003	9224

TITLE OF INVENTION: ~~SEMICONDUCTOR DEVICE~~ A SEMICONDUCTOR DEVICE INCLUDING A MIMCAPACITOR
 (as amended)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/21/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
CAO, PHAT X	2814	257-303000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Finnegan, Henderson,</u> 2 <u>Farabow, Garrett &</u> 3 <u>Dunner, L.L.P.</u>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

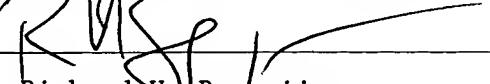
(A) NAME OF ASSIGNEE
Kabushiki Kaisha Toshiba (B) RESIDENCE: (CITY and STATE OR COUNTRY)
Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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<input checked="" type="checkbox"/> Issue Fee	<input checked="" type="checkbox"/> A check is enclosed.
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<input checked="" type="checkbox"/> Advance Order - # of Copies <u>4</u>	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>06-0916</u> (enclose an extra copy of this form).

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Authorized Signature 

Typed or printed name **Richard V. Burgujian**

01/29/2008 10:23 AM 1440.00 0P
 Date 1/25/08 01 2008 10:23 AM 1440.00 0P
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 Registration No. 31,744

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